

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Chauncey Girard

7:18 CV 2026

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

AMENDED
COMPLAINT
(Prisoner)

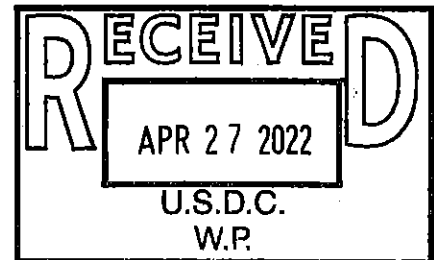
(Dr). KorobKova (Dr) Bentivegna , (Co) Staples

(Lt) Murphy (Superintendent) Griffen (Dep) Collao

Do you want a jury trial?

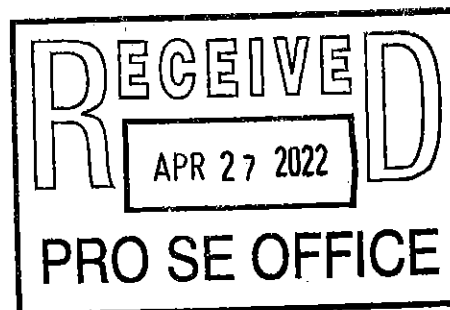
☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.



I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: 8th Amendent Medical Indifference

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

First Name	Middle Initial	Last Name
Chauncey	T	Girard
None		

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

11-A-1352

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Franklin Correction Facility

Current Place of Detention

P.O. Box 10 Malone New York 12953

Institutional Address

County, City	State	Zip Code
Malone	New York	12953

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced prisoner
- ☐ Other:

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	<table border="0"> <tr> <td>Korobkova</td> <td>(Dr)</td> <td></td> </tr> <tr> <td>First Name</td> <td>Last Name</td> <td>Shield #</td> </tr> <tr> <td colspan="3">Doctor</td> </tr> <tr> <td colspan="3">Current Job Title (or other identifying information)</td> </tr> <tr> <td colspan="3">Green Haven C.F.</td> </tr> <tr> <td colspan="3">Current Work Address</td> </tr> <tr> <td>Stormville</td> <td>New York</td> <td>12582</td> </tr> <tr> <td>County, City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	Korobkova	(Dr)		First Name	Last Name	Shield #	Doctor			Current Job Title (or other identifying information)			Green Haven C.F.			Current Work Address			Stormville	New York	12582	County, City	State	Zip Code
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Defendant 2:	<table border="0"> <tr> <td>Bentivegna</td> <td>(Dr)</td> <td></td> </tr> <tr> <td>First Name</td> <td>Last Name</td> <td>Shield #</td> </tr> <tr> <td colspan="3">Doctor</td> </tr> <tr> <td colspan="3">Current Job Title (or other identifying information)</td> </tr> <tr> <td colspan="3">Green Haven C.F.</td> </tr> <tr> <td colspan="3">Current Work Address</td> </tr> <tr> <td>Stormville</td> <td>New York</td> <td>12582</td> </tr> <tr> <td>County, City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	Bentivegna	(Dr)		First Name	Last Name	Shield #	Doctor			Current Job Title (or other identifying information)			Green Haven C.F.			Current Work Address			Stormville	New York	12582	County, City	State	Zip Code
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Defendant 3:	<table border="0"> <tr> <td>Staples</td> <td>(Co)</td> <td></td> </tr> <tr> <td>First Name</td> <td>Last Name</td> <td>Shield #</td> </tr> <tr> <td colspan="3">Correctional Officer</td> </tr> <tr> <td colspan="3">Current Job Title (or other identifying information)</td> </tr> <tr> <td>Stormville</td> <td>New York</td> <td>12582</td> </tr> <tr> <td colspan="3">Current Work Address</td> </tr> <tr> <td colspan="3">County, City State Zip Code</td> </tr> </table>	Staples	(Co)		First Name	Last Name	Shield #	Correctional Officer			Current Job Title (or other identifying information)			Stormville	New York	12582	Current Work Address			County, City State Zip Code					
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Defendant 4:	<table border="0"> <tr> <td>Murphy</td> <td>(L T)</td> <td></td> </tr> <tr> <td>First Name</td> <td>Last Name</td> <td>Shield #</td> </tr> <tr> <td colspan="3">Luiétenant</td> </tr> <tr> <td colspan="3">Current Job Title (or other identifying information)</td> </tr> <tr> <td>Stormville</td> <td>New York</td> <td>12582</td> </tr> <tr> <td colspan="3">Current Work Address</td> </tr> <tr> <td colspan="3">County, City State Zip Code</td> </tr> </table>	Murphy	(L T)		First Name	Last Name	Shield #	Luiétenant			Current Job Title (or other identifying information)			Stormville	New York	12582	Current Work Address			County, City State Zip Code					
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Defendant	6:	(Dep)	Collado
		First Name	Last Name Sheild # (Deputy Superintendent)
		Current Job	Title (or other identifying information)
		Current Work Address	
		Attorney Janice Powers knows address	
		County , City	State zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Green Haven Correctional Facility

Date(s) of occurrence: 12-5-2016 and up until 9-18-2018

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I had been Assaulted In Auburn C.F. by staff on 12-23-2014 and had injuries of a left shoulder dislocation that needed surjury and I complained about the injuries of stomach and back as well, and when complained was denied the proper medical treatment and in which the injuries became worst, in which I had to put a grievance in to recive a response from medical, to recive my Mri resualts in order to show, (Dr) Korobkova that I had a serious medical issue that needed, Surjury at this time no, order for a permit was given or any physical therapy to try and resolve the issue, I also stated to her that my stomach was hurt from the assault and because of this she did not, attempt to help she personally involved herself by stating "there is nothing wrong", and then did not put me in for any kind of test or giving me anything for the pain but just kicked me out of her office, in which I then felt more and more pain from my back stomach and left shoulder, continuously going to medical by emergency Sick Call, in population, and at the time for three days I never seen, any doctor, and went back to Pop. which, the people would keep me down there and not feed me because they thought I had H-Pylori put me on a liquid diet, and instead of doing test on me, when seen (See Ex sent I was automatically sent, without even seeing (Dr) Korobkova, and she then became deliberately indifferant and when I put in for the Sick Call, I was not called, around 12-5-2016 I was in keeplock for a false ticket by (Co) Staples in which she would take my sneakers stating they were out side of the cell, and which (LT) Murphy would bring false judgement on this, false ticket during this time I was denied the Sick call procedures when put down in which these officers, puposely put a false ticket on me personally involving them selves to, deny me medical attention, because my injuries were from, a staff member, during the time of the keeplock both (Dep) Collao and (Supt) Griffen would do there rounds and I would exsplain to them that I would need medical treatment and shown letters to bentivegna (Dr) nurse Administrator and nothing was done by anyone to resolve these issues, in which when the surjury would occur she Korobkova (Dr) would fail to give the permit in which she wouldn't care if I would recive wall searches, by any officers that force my arm on the wall she did not want to giv me the surjury but was forced to because of the grievance procedure, and on 9-11-2017 due to her deliberate Indifference, would after two session of Physical threapy in which I had to grieve in order to recive I have Perminate Loss a range of motion in left shoulder (See Exhibits) already given to court, in even after instead of giving a permit kknowing the Condition of perminate Damage to the left shoulder, by medical records Page 4 causing the Assault and Battery of the further deliberate indifference claim of 7-31-2018 in which I was placed in handcuffs and beat sexually and physically

all of these officers were conspiring together ,to use adverse action due to this
Pending 1983 , and if the certain Medical procedures were taken then this assault
of 7-31-2017 would not have happened (See Pictures of assault of 7-31-2018 attached)
In which defendant(s) (Lt) Murphy and (Co) staples would Conspire with the (Supt)
Tomas Griffen who would Lock me up over sneakers that were outside of my cell in
which would never in the state of New York have anyone been locked up for ,the false put
in keeplock for having sneakers outside of his cell ,in which she lied ,and stated
she took them ,in a cell search ,these were adverse action to keep the proper medical
care ,from me and Violate my 8th Amendment,in which they would go to the extent to the
fact that instead of keeplocking, me from the periods of times already explained to
the court I should have not been retaliated against or Tomas knew that it was false Appeal
denied,my 8th Amendment right to medical in which there would be no record of me
going to medical because of the denial,until I grieved it,and it was a matter of fact
that I was denied ,and Personal involved themselves (Chavez v Gutwien 2021 WL 4248917
[I would like the transcript to false ticket.] S.D.N.Y.) and Garcia V Griffen
INJURIES: -note to court- 2020 WL 3871211
(SDNY)

If you were injured as a result of these actions, describe your injuries and what medical treatment,
if any, you required and received.

Perminate Damage in my left shoulder ,due to Defendant Korobkova and the
(Co) Staples and (Lt) Murphys actions a it needs surjury because it has gotten worst
My back has still not been Taken care of it also needs surjury and do to the 7-31-2018
assaults due to Korobkovas failure to give permit in acknowledge,the loss of range of
motion from 9-11-2017 from the surjury ,and retaliation to the pending Law suit adverse
action was taken to get me out of the facility ,and I have a orbital fracture in
right eye that was started at Green Haven (See Pictures Taken 7-31-2018 needing stiches).

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I would like the relief of 10,000.00\$ from Defendant Korobkova, dollars money
Damages and the relief of \$10,000.00 from Defendant (Co) Staples dollars money Damages.
(Lt) Murphy \$10,000.00 releif for acting in concert and conspireing , \$10,000.00
Suprintendent Tomas Griffen for personally involveing himself and once told by
me personally deny all medical ,sick call slips ,Appeal false ticket , and \$
2,000.00 By Bentivegna because he knew about and sought to cover up , in writing
and in person . \$5,000.00 (Dep) Collao was with (supt) in rounds and knew about
injuries and failed todo anything to prevent.

4thComplaint 18-CV-2026 Continued

In this action the Medical records would state

from the December 23 2014 ambulatory health record an altercation with another inmate and that is a lie ,I the Plaintiff would be assaulted by the skeletal left shoulder injuries was induced by officers at Auburn C.F. in which the nurse was deliberate Indifferant and failed to write down the accurate cause ,in which then I would be subject to ,false tickets of Made up charges to , try and justify the officers Misconduct ,,in which the same happened to me at Green Haven once ,I put this Pending Law suite 1983 18-CV-2026 Officers were sent to my cell once I requested for assistance because I could not breath in which the Medical Unit was supposed to follow Proto call and send nurses to assist me who were certified and trained to deal with the Medical problem and did not ,instead I was put into the Officers"Mechanical restraints", inside of my cell taken out sexually Assaulted and Physically Assaulted and battered inside of handcuffs ,on the date of 7-31-2018 ,Medical was deliberate indifferant and would not treat me doctor Bentivegna was there and chose not to treat me instead ,I would request that I recive suicidal service, and due to an over load I was taken to downstate and then from downstate Putnam county Outside hospital where there was blood ,inside of my urine ,hemoptysis ,with stitches in both eyes left and right . There was never an attempt to give any medical treatment there ,the defendent(s) Conspired and used adverse action in casual connection to my Protected Conduct, all my injuries were from officers stomach ,which Korobkova was deliberate indifferant to personally stating once I seen her on the call out that she was not going to do anything , was because she would know that something was wrong and the right thing to do and she chose not to do it in which it is evident from the blood in urine and inside hemoptysis of my stomach the injuries became worst , she really did not want to give any medical

Continued complaint 18-CV-2026

In which the skill of Korobkova ,and her reputation was the worst in the the facility and ,I was given her because I complained about ,injuries from officers,In which she was in a unique position to prevent the harm ,in which became the burden of preventing the harm,in which I depended on and relied upon her diagnosis ,in which there was no close , connection between her and the injuries suffered and her conduct made the injuries worst,the fact that she did not plainly care to give a medical permit for left shoulder, or to flat out state " I am not doing nothing for you there is nothing wrong with your stomach " shows the degree of certainty that I suffered harm in which she knew the foreseeability of harm to the me in which on 7-31-2018 her unable to give the medical permit would have stopped me from being handcuffed by officers ,and her inability to act on the stomach injury from being Assaulted by staff prior would show that the transaction was intended to hurt me , in which on 8-1-2018 the outside hospital would show blood inside of urine ,due to the untreated stomach injury as well as hemoptysis in which the blame would solely be her own fault by her own actions that could have been prevented, her conduct would show the owed duty for the risk involved in which ,Defendent Korobkova and Bentivegna both would violate the policy of medical , in which instead of fixing the problem I became more injured ,by loss of range of motion in left shoulder , and injuring me more in a unsafe manner in which became a departure from the standard care in which the foreseeable injuries were all related due to her medical deliberate indifference and increased the risk of injury ,and caused more injury. In which right now I have been in physical therapy sessions twice and still have not been able to have full range of motion in my left shoulder , I have a stomach brace until 2023 ,and a back brace until August 2022 in which I have physical therapy here three sessions and it has become worst ,these injuries were all given to the medical department and Korobkova, and Bentivegna and they failed to show the proper care and had a duty and these defendant(s) breached that duty by injuring me more by being deliberate Indifferent to my injuries my stomach and back and after the surgery for my left shoulder ,and which I sustained I will have to redo surgery and go thru the rehabilitative stages again more hurt and pain more scares in which mental anguish ,embarrassment and humiliation, and loss of enjoyment of life.

AFFADAVIT OF SERVICE

STATE OF NEW YORK)
) ss:
COUNTY OF FRANKLIN)

NAME OF DOCUMENTS:

Amended Complaint for
18-CV-2026

I, Chauncey Girard, being duly sworn, deposes and says :

That I have on this 22 day of March, 2022, placed and submitted the copies of
the within documents and or moving papers as indicated above, to be duly mailed via the US
Postal Services, through the institutional mailroom here at Franklin CF., 62 Bare Hill Road, PO
Box 10, Malone, New York 12953-0010, in a pre-paid first class wrapper to the following
parties:

Southern District
Charles L Breit Jr Federal Building
US Court House
300 Quakeras
White Plains New York 10601

SWORN TO BEFORE ME THIS

22 DAY March, 2022

Mary M Brower
Notary Public

MARY M. BROWER
Notary Public, State of New York
No. 01BR6300423
Qualified in Franklin County
Commission Expires March 31, 20 22

Chauncey Girard
Chauncey Girard
Franklin Correctional Facility
62 Bare Hill Road, PO Box 10
Malone, New York 12953-0010

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

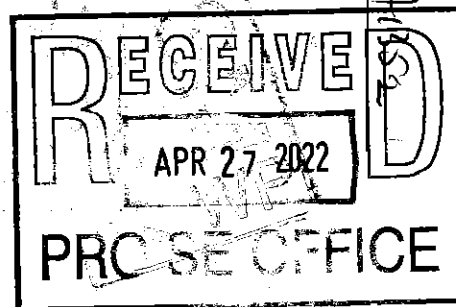
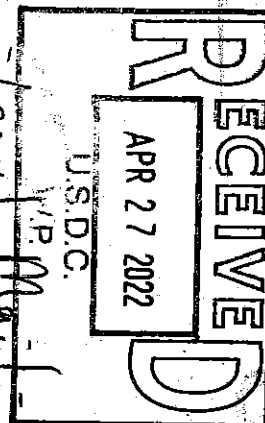
Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

3-22-2022
Dated _____ Plaintiff's Signature _____
Chasey T Grant
First Name Middle Initial Last Name
Franklin C.F. P.O. Box 10
Prison Address _____
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: March 22 - 2022

FRANKLIN CORRECTIONAL FACILITY
62 BARE HILL ROAD, P.O. BOX 10
MALONE, NEW YORK 12953

NAME: Chauncey Good DIN: 11411552



FRANKLIN CORRECTIONAL FACILITY



ZIP 12953
0411125101

United States District Court
Southern District of New York
300 Quotepus Street
White Plains New York

APR 27 2022 0004

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